

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020 | | 1080829.04 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 3671696.77 | |
| (c) Total Receipts (from Line 19) | 278842.10 | 3063715.09 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 3950538.87 | 4144544.13 |
| 7. Total Disbursements (from Line 31)..... | 71716.86 | 265722.12 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 3878822.01 | 3878822.01 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 154493.25 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 2 | 0 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 2 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 262439.00 | 3042370.00 |
| (ii) Unitemized | 16403.10 | 21345.09 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 278842.10 | 3063715.09 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 278842.10 | 3063715.09 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 278842.10 | 3063715.09 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 278842.10 | 3063715.09 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 49765.86 | 174390.37 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 49765.86 | 174390.37 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 21951.00 | 86331.75 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 5000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 71716.86 | 265722.12 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 71716.86 | 265722.12 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 278842.10 | 3063715.09 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 278842.10 | 3063715.09 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 49765.86 | 174390.37 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 49765.86 | 174390.37 |

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Please accept this amendment to correctly report the state of dissemination for independent expenditure debt repayment dated June 16, 2020, in support of Wesley Hunt.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 93
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aarseth, Joanne, , ,

Mailing Address 20840 Miranda Falls Square

City
McLean

State
VA

Zip Code
22102-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Freddie Mac

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17364

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abele, Linda, L., ,

Mailing Address 3620 Metairie Heights Avenue

City

Metairie

State

LA

Zip Code

70002-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17215

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ahlgren, Nancy, , ,

Mailing Address 38 Selkirk Road

City

Cranston

State

RI

Zip Code

02905-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Paul Hastings

Occupation (for Individual)

Tax Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA11AI.17598

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 93
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Archer, Erin, , ,

Mailing Address 2594 Hocksett Cove

City
Germantown

State
TN

Zip Code
38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17402

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aultman, Kathi, , ,

Mailing Address 1469 Winfred Drive East

City
Orange Park

State
FL

Zip Code
32073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17226

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barbaretta, Joseph, , ,

Mailing Address 17400 Glennville Drive

City
Dumfries

State
VA

Zip Code
22026-3364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quantum Jump Solutions Inc

Occupation (for Individual)
Computer Tech Lead

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.17782

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 93
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barham, Mona, , ,

Mailing Address 135 Via Mariposa

City

Palm Beach Gardens

State

FL

Zip Code

33418-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2020

Transaction ID : SA11AI.17596

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bates, James, , ,

Mailing Address 2220 Canton Street Apt. 502

City

Dallas

State

TX

Zip Code

75201-5930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2020

Transaction ID : SA11AI.17131

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bettag, Jerry and Char, , ,

Mailing Address 4n557 Crane Lane

City

St Charles

State

IL

Zip Code

60175-4762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17769

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 93

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beyer, Karen, , ,

Mailing Address P.O. Box 636

City
Paoli

State
PA

Zip Code
19301-0636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17784

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bourquin, Mary, , ,

Mailing Address 22777 Lake Crest Drive

City
Abingdon

State
VA

Zip Code
24211-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11Al.17217

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brooks, Ann, , ,

Mailing Address 4719 Whitfield Road

City
Durham

State
NC

Zip Code
27707-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11Al.17284

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burch, Odessa, , ,

Mailing Address 241 Midway Drive

City
New Orleans

State
LA

Zip Code
70123-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Homemaker

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17778

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burdick, Thomas, , ,

Mailing Address 31579 Vintners Pointe Court

City
Winchester

State
CA

Zip Code
92596-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diocese of San Bernardino

Occupation (for Individual)
Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17352

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burke, Suzanne, , ,

Mailing Address 7542 34th Avenue Northwest

City
Seattle

State
WA

Zip Code
98117-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fremont Dock Co.

Occupation (for Individual)
Property Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17780

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, Natalie, A., ,

Mailing Address 32 Ridge Road

City

Pleasant Ridge

State

MI

Zip Code

48069-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17788

Amount of Each Receipt this Period

2400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Casey, Michael, , ,

Mailing Address 20 Descanso Drive Unit 1445

City

San Jose

State

CA

Zip Code

95134-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Intel

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11Al.17407

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chandler, Thomas, H., ,

Mailing Address 236 Mecca Drive

City

San Antonio

State

TX

Zip Code

78232-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orion Partners Inc

Occupation (for Individual)

Investments

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11Al.17720

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

12400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clay, Albert, , , III

Mailing Address 6138 Briar Rose Drive

City
HoustonState
TXZip Code
77057-3502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best effortsOccupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.17795

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Craig, Karen, , ,

Mailing Address 29719 Stonecrest Road

City

Rch Palos Vrd

State

CA

Zip Code

90275-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ToyotaOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17367

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford Productions Co.

Mailing Address P.O. Box

City

El Dorado

State

KS

Zip Code

67042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : SA11AI.17502

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

26000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 93
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Creel, George, , ,

Mailing Address 900 Malvern Hill Drive

City
Davidsonville

State
MD

Zip Code
21035-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2020

Transaction ID : SA11AI.17125

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dean, Jason, , ,

Mailing Address 348 North Green Street

City
Wichita

State
KS

Zip Code
67214-4538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

U.S. Census Bureau

Occupation (for Individual)

Partnership Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17267

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City
Knightdale

State
NC

Zip Code
27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Expedient Resource Services

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2020

Transaction ID : SA11AI.17119

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 93
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Doherty, Michael, , ,

Mailing Address 14210 Stacey Rd NE

City
Greenville

State
MI

Zip Code
48838-8396

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17378

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Donnelly, Stephen, , ,

Mailing Address 300 Kent Street

City
Falls Church

State
VA

Zip Code
22046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2020

Transaction ID : SA11AI.17590

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dundon, Rosanna, , ,

Mailing Address 5012 Flanders Avenue

City
Kensington

State
MD

Zip Code
20895-1237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 19 / 2020

Transaction ID : SA11AI.17260

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dunford, Christopher, J., ,

Mailing Address 243 Cortez Avenue

City
Davis

State
CA

Zip Code
95616-0429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17366

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Duphiney, Robert, , ,

Mailing Address 19 Pocono Road Apt. 390

City
Denville

State
NJ

Zip Code
07834-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17201

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dupre, Paul, V., ,

Mailing Address 112a Clintwood Court

City
Rochester

State
NY

Zip Code
14620-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17354

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Endres, Stephen, , ,

Mailing Address 105 Charmuth Road

City
Lutherville

State
MD

Zip Code
21093-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory Hill

Occupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11Al.17356

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foley, John, P., ,

Mailing Address 1935 N Upland Street

City
Arlington

State
VA

Zip Code
22207-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17771

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Franey, Judith, , ,

Mailing Address 2515 Idaho Ave East

City
Maplewood

State
MN

Zip Code
55119-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11Al.17404

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Franey, Judith, , ,

Mailing Address 2515 Idaho Ave East

City
MaplewoodState
MNZip Code
55119-3122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : SA11AI.17511

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gawlik, Mary Ellen, , ,

Mailing Address 10906 East Buckskin Trail

City
ScottsdaleState
AZZip Code
85255-8718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mary Ellen Gawlik

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.17719

Amount of Each Receipt this Period

3750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gehle, Milton, , ,

Mailing Address 109 Willow Lane

City
WestbyState
WIZip Code
54667-1201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17359

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

7050.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Genovese, Leonard, , ,

Mailing Address 4 East Huxley Drive

City
Huntington

State
NY

Zip Code
11743-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17213

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Geske, Jerry, , ,

Mailing Address 9771 9 Mile Creek Road

City
Fall Creek

State
WI

Zip Code
54742-9325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.17757

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gestiehr, Nancy, , ,

Mailing Address 4797 Oakridge Drive

City
Pittsburgh

State
PA

Zip Code
15227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA11AI.17594

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hagemeyer, Broden, , ,

Mailing Address 139 19 1/2 Avenue South

City
St. Cloud

State
MN

Zip Code
56301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Student

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2020

Transaction ID : SA11AI.17288

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hallenberg, Janelle, , ,

Mailing Address 2845 Wilson Cmn.

City
Fremont

State
CA

Zip Code
94538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17380

Amount of Each Receipt this Period

777.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halprin, Albert, , ,

Mailing Address 1340 Potomac School Road

City
Mc Lean

State
VA

Zip Code
22101-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Freedom Technologies

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17392

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2777.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hand, Mary, , ,

Mailing Address 6426 Hollins Dr.

City
Bethesda

State
MD

Zip Code
20817-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2020

Transaction ID : SA11AI.17588

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hanson, David, , ,

Mailing Address 1501 South Louisiana Avenue

City
Mason City

State
IA

Zip Code
50401-6988

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2020

Transaction ID : SA11AI.17120

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Havey, Thomas, W., ,

Mailing Address 3200 NE 36th St Apt 601

City
Fort Lauderdale

State
FL

Zip Code
33308-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17394

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henkel, Raymond, , ,

Mailing Address 4092 South Wabash Street

City
DenverState
COZip Code
80237-1755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11Al.17263

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hetland, Donna, , ,

Mailing Address 1 Waterway Court Apt. 3b

City
SpringState
TXZip Code
77380-2645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11Al.17280

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hill, Miriam, , ,

Mailing Address 11 Windy Hill Lane

City
Glen BurnieState
MDZip Code
21061-2076FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dept. of Defense

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11Al.17207

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2900.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hirschfield, Wulf, , ,

Mailing Address 1410 Fairview Drive

City

Waynesboro

State

MS

Zip Code

39367-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17390

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoenemeyer, Frank, , ,

Mailing Address 97 Captains Walk

City

North Chatham

State

MA

Zip Code

02650-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17262

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holdener, Richard, , ,

Mailing Address 6408 Gehrke Circle

City

Sun Prairie

State

WI

Zip Code

53590-9331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17395

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Houston, Janet, J., ,

Mailing Address 16119 Villa Fontana Way

City
Houston

State
TX

Zip Code
77068-3743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17199

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hyslop, Daniel, , ,

Mailing Address 1921 Lake Avenue

City
Whiting

State
IN

Zip Code
46394-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BP

Occupation (for Individual)

Natural Gas Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17282

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hyslop, Daniel, , ,

Mailing Address 1921 Lake Avenue

City
Whiting

State
IN

Zip Code
46394-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BP

Occupation (for Individual)

Natural Gas Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.17789

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jackson, JoAnn, , ,

Mailing Address 375 Twin Creeks Drive

City
Bolingbrook

State
IL

Zip Code
60440-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IPM

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17211

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jackson, JoAnn, , ,

Mailing Address 375 Twin Creeks Drive

City
Bolingbrook

State
IL

Zip Code
60440-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IPM

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17227

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jensen, Ernest, , ,

Mailing Address 3711 Viridian Trace

City
New Bern

State
NC

Zip Code
28562-9786

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17357

Amount of Each Receipt this Period

280.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kaszubski, M Jean, , ,

Mailing Address 151 Apple Ridge Lane

City
Makanda

State
IL

Zip Code
62958-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2020

Transaction ID : SA11AI.17219

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keene, Barba, B., ,

Mailing Address 3704 Anatole Court

City
Plano

State
TX

Zip Code
75075-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17388

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keinath, Pauline, , ,

Mailing Address 12342 Creekhaven Drive

City
Saint Louis

State
MO

Zip Code
63131-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 26 / 2020

Transaction ID : SA11AI.17717

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kelly, Joseph, , ,

Mailing Address 5655 Arlington Avenue

City
Bronx

State
NY

Zip Code
10471-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17773

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kent, Janet, , ,

Mailing Address 4813 Monroe Street Apt. B1

City
Shadyside

State
OH

Zip Code
43947-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA11Al.17587

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kieffer, Arthur, , ,

Mailing Address 502 Blackburn Court

City
Seven Fields

State
PA

Zip Code
16046-8022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11Al.17177

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirk, Linda, J., ,

Mailing Address 42480 270th Avenue

City
Griggsville

State
IL

Zip Code
62340-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17400

Amount of Each Receipt this Period

1700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kitchen, Patrick, , ,

Mailing Address 2060 Dorset Drive

City
Wheaton

State
IL

Zip Code
60189-8128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17258

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Klotz, Diane, , ,

Mailing Address 10120 Clemente Circle

City
Austin

State
TX

Zip Code
78737-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IRS

Occupation (for Individual)
TFIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17376

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2550.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leste, James, H., ,

Mailing Address 3437 Via Loma Vista

City
EscondidoState
CAZip Code
92029-7724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17351

Amount of Each Receipt this Period

212.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Robin, , ,

Mailing Address 8 Willowood Street

City
DallasState
TXZip Code
75205-3830FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17229

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lipareli, Michael, , ,

Mailing Address 5555 Wissahickon Avenue

City
PhiladelphiaState
PAZip Code
19144-4555FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17275

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

11212.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lovelace, Jesse, William, ,

Mailing Address 569 Lexington Circle

City
Memphis

State
TN

Zip Code
38120-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2020

Transaction ID : SA11AI.17384

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Macaulay, Shane, , ,

Mailing Address 3832 132nd Avenue Northeast

City
Bellevue

State
WA

Zip Code
98005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RCW

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 29 / 2020

Transaction ID : SA11AI.17791

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Macaulay, Virginia, , ,

Mailing Address 1435 West Road

City
La Habra

State
CA

Zip Code
90631-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2020

Transaction ID : SA11AI.17386

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Macmanus, Quentin, , ,

Mailing Address 10818 Perrin Circle

City
SpotsylvaniaState
VAZip Code
22551-4621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17786

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Manezes, Herman, , ,

Mailing Address 100 Canyon Way

City
SparksState
NVZip Code
89434-9706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : SA11Al.17506

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mariska, Thomas, J., ,

Mailing Address 43897 62nd Street

City
WatervilleState
MNZip Code
56096-1222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11Al.17363

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mayol, Maria, E., ,

Mailing Address 1819 West Thome Avenue Apt. N405

City
Chicago

State
IL

Zip Code
60660-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
06 / 25 / 2020

Transaction ID : SA11AI.17687

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McComish, Madeline, , ,

Mailing Address 12 Hampshire Street

City
Everett

State
MA

Zip Code
02149-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIAX LLC

Occupation (for Individual)
Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17766

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCormick, Rosemary, T., ,

Mailing Address 428 Beech Avenue

City
Hershey

State
PA

Zip Code
17033-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
06 / 17 / 2020

Transaction ID : SA11AI.17169

Amount of Each Receipt this Period

510.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McLean, Nancy, , ,

Mailing Address 189 Whispering Drive

City

Grants Pass

State

OR

Zip Code

97527-9084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17369

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miressi, Joseph, , ,

Mailing Address 54 Evergreen Avenue

City

New Rochelle

State

NY

Zip Code

10801-4639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11AI.17164

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monaco, Joyce, , ,

Mailing Address 8 Meadowlark Terrace

City

Glen Mills

State

PA

Zip Code

19342-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2020

Transaction ID : SA11AI.17715

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mosyjowski, Michael, , ,

Mailing Address 604 N Sheraton Cir

City
Akron

State
OH

Zip Code
44319-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11Al.17689

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murphy, Eugene, , ,

Mailing Address 46 Central Drive

City
Plandome

State
NY

Zip Code
11030-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17796

Amount of Each Receipt this Period

40000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ng, Jim, , ,

Mailing Address 8700 23rd Avenue

City
Brooklyn

State
NY

Zip Code
11214-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11Al.17685

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Norkus, Jeff, , ,

Mailing Address 20 Eagle Claw Drive

City
Hilton Head Island

State
SC

Zip Code
29926-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 19 / 2020

Transaction ID : SA11AI.17278

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Novak, Geraldine, , ,

Mailing Address 801 Pennsylvania Avenue Northwest

City
Washington

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2020

Transaction ID : SA11AI.17205

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Novarro, Steve, , ,

Mailing Address 712 North Garfield Avenue

City
Alhambra

State
CA

Zip Code
91801-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 25 / 2020

Transaction ID : SA11AI.17691

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Oberg, Kent, , ,

Mailing Address 1508 North 29th Street

City

Fort Dodge

State

IA

Zip Code

50501-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17398

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OBoyle, Thomas, , ,

Mailing Address 7295 West 59th Avenue

City

Manhattan

State

KS

Zip Code

66503-9798

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ultra Electronics Ice

Occupation (for Individual)

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2020

Transaction ID : SA11AI.17397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ODonnell, Paul, , ,

Mailing Address 11800 East Timrod Street

City

Tucson

State

AZ

Zip Code

85748-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17763

Amount of Each Receipt this Period

450.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Larry, , ,

Mailing Address 824 North Clark Drive

City
Palatine

State
IL

Zip Code
60074-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Former Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17281

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Opzeeland, Cintha, A., ,

Mailing Address 17132 S Bradley Road

City

Oregon City

State

OR

Zip Code

97045-8804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17382

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Palm, Mary, J., ,

Mailing Address 1562 Watchmans Point

City

Mesquite

State

NV

Zip Code

89034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.17695

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Panella, Elaine, , ,

Mailing Address P. O. Box 1643

City
SoutholdState
NYZip Code
11971-0941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best effortsOccupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA11Al.17592

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papadopoulos, Rose, , ,

Mailing Address 445 West Street

City
HarrisonState
NYZip Code
10528-2506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Izzo Electric Inc.Occupation (for Individual)
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11Al.17270

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Passaro, Kristi, , ,

Mailing Address 1787 Dunmore Place

City
Chapel HillState
NCZip Code
27517-9403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brown-Lory AdvisorsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17776

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Paterson, Karen, , ,

Mailing Address 23919 Pickett Avenue

City
Farmington

State
MI

Zip Code
48335-3461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Our Lady of Sorrows

Occupation (for Individual)
Administrative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17273

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peters, Jay, L., ,

Mailing Address 3811 Darwin Road

City
Durham

State
NC

Zip Code
27707-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Durham Tech Comm College

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11AI.17171

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pfeiffer, Maureen, , ,

Mailing Address 9356 Brehm Rd

City
Cincinnati

State
OH

Zip Code
45252-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17372

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pirro, Susan, F., ,

Mailing Address 18 Chriswell Drive

City
Simsbury

State
CT

Zip Code
06070-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17197

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pujol, Stephen, , ,

Mailing Address 7228 Reef Road

City
Navarre

State
FL

Zip Code
32566-8787

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent Contractor

Occupation (for Individual)
Benefit Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2020

Transaction ID : SA11AI.17693

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Radtke, Janelle, , ,

Mailing Address 2684 Wildemere Drive

City
Milford

State
MI

Zip Code
48380-3566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Hilda E & Bretzlaff Foundation

Occupation (for Individual)
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17269

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1740.00

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rakunas, Lawrence, , ,

Mailing Address 1150 Willowgate Lane

City
Saint Charles

State
IL

Zip Code
60174-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17792

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Ann, M., ,

Mailing Address 2933 Mirrormere Circle

City
Bryan

State
TX

Zip Code
77807-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas A&M University

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2020

Transaction ID : SA11AI.17759

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reh, Thomas, , ,

Mailing Address 9850 Waterbury Drive

City
Saint Louis

State
MO

Zip Code
63124-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
06 / 19 / 2020

Transaction ID : SA11AI.17276

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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5800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Righheimer, Carolyn, , ,

Mailing Address 1039 North Marion Street

City
Oak Park

State
IL

Zip Code
60302-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Triton College

Occupation (for Individual)
Tutor/Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11Al.17374

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rogers, Jonathan, , ,

Mailing Address 108 Michael Avenue

City
Fort Walton Beach

State
FL

Zip Code
32547-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Instrumentation Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2020

Transaction ID : SA11Al.17127

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosenberg, Daniel, , ,

Mailing Address 34846 Chancey Road

City
Zephyrhills

State
FL

Zip Code
33541-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11Al.17272

Amount of Each Receipt this Period

720.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowe, Raymond, A., ,

Mailing Address 1637 Appaloosa Way

City

Oceanside

State

CA

Zip Code

92057-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17765

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rutherford, Susan, , ,

Mailing Address 13439 Northeast 115th Court

City

Redmond

State

WA

Zip Code

98052-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17767

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ryan, James, , ,

Mailing Address 720 67th Street Fl. 1

City

Brooklyn

State

NY

Zip Code

11220-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11Al.17223

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sliter, Jeanette, , ,

Mailing Address 4014 Warrington Drive

City
Dallas

State
TX

Zip Code
75227-4330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17221

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snyder, Maryann, , ,

Mailing Address 11585 Shelborne Road

City
Carmel

State
IN

Zip Code
46032-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11AI.17794

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sokol, Joan, , ,

Mailing Address 3706 21st Street

City
Columbus

State
NE

Zip Code
68601-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : SA11AI.17504

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stanton, Robbie, , ,

Mailing Address 1114 Cinnamon Ave.

City
Eugene

State
OR

Zip Code
97404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2020

Transaction ID : SA11AI.17142

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, John, , ,

Mailing Address 3670 Northwood Drive

City
Memphis

State
TN

Zip Code
38111-6140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brikley Heights Urban Academy

Occupation (for Individual)
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2020

Transaction ID : SA11AI.17510

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stilley, John, , ,

Mailing Address 131 Blackthorn Drive

City
Butler

State
PA

Zip Code
16002-3915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17406

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6800.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stultz, Mary, , ,

Mailing Address 262 Deerfield Circle

City
Kingwood

State
WV

Zip Code
26537-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11Al.17167

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Summers, Donald, , ,

Mailing Address 801 Frontage Road Apt. 203

City
Oxford

State
MS

Zip Code
38655-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UM

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

Transaction ID : SA11Al.17808

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sundy, Mary Grace, , ,

Mailing Address 45 Fordyce Manor Court

City
Lake Saint Louis

State
MO

Zip Code
63367-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2020

Transaction ID : SA11Al.17774

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swift, Zeke & Beth, , ,

Mailing Address 7281 Treeridge Drive

City
CincinnatiState
OHZip Code
45244-3553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Common Sense IssuesOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11AI.17173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Brian, , ,

Mailing Address 3141 Camino Crest Drive

City
OceansideState
CAZip Code
92056-3613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per bestOccupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17371

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thoms, Norman, , ,

Mailing Address 5420 Southeast 37th Street

City
TecumsehState
KSZip Code
66542-9161FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.17265

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thurston, Tony, , ,

Mailing Address 175 Stroud Avenue

City
Weirton

State
WV

Zip Code
26062-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diocese of Wheeling-Charleston

Occupation (for Individual)
Roman Catholic Priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17225

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trouveroy, Olivier, , ,

Mailing Address 525 East 80th Street Apt. 11D

City
New York

State
NY

Zip Code
10075-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17409

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turrentine, William, , ,

Mailing Address 131 Oak Manor Drive

City
Fairfax

State
CA

Zip Code
94930-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11AI.17175

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Van Thorre, James, L., ,

Mailing Address 14595 W. Rockland Road Unit 328

City
Libertyville

State
IL

Zip Code
60048-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Van Thorre & Associates

Occupation (for Individual)
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17410

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vari, James, , ,

Mailing Address 716 Willow Street

City
Cranford

State
NJ

Zip Code
07016-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NJ Department of Transportation

Occupation (for Individual)
Budget Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2020

Transaction ID : SA11AI.17166

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vaughn, John, , ,

Mailing Address 1425 Infinity Lane

City
Beaumont

State
TX

Zip Code
77706-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17209

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wendt, Catherine, M., ,

Mailing Address 8382 East Nightingale Star Drive

City
Scottsdale

State
AZ

Zip Code
85266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sysco Inc.

Occupation (for Individual)

Business Owner - IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 23 / 2020

Transaction ID : SA11AI.17513

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wirth, Barbara, , ,

Mailing Address 344 East Hope Street

City
Mesa

State
AZ

Zip Code
85201-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Leo J Wirth DDS PC

Occupation (for Individual)

Bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2020

Transaction ID : SA11AI.17508

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yeagle, Charles, , ,

Mailing Address 1813 Tiki Street

City
Findlay

State
OH

Zip Code
45840-1756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 29 / 2020

Transaction ID : SA11AI.17761

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yoder, George, , ,

Mailing Address 15702 Blackburn Street

City
Accokeek

State
MD

Zip Code
20607-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA11AI.17600

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Martha, , ,

Mailing Address 10374 Cranberry Road

City
Guthrie

State
OK

Zip Code
73044-8848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.17203

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zwanzig, Coleman, , ,

Mailing Address 127 South Sandstone Lane

City
Bridgewater

State
VA

Zip Code
22812-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

Transaction ID : SA11AI.17361

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5550.00

262439.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 93

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City
SpokaneState
WAZip Code
99202Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 0 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17936**

Amount of Each Disbursement this Period

3699.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot, IncMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 3 | 0 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17945**

Amount of Each Disbursement this Period

2224.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Campaign InboxMailing Address 601 New Jersey Ave NW
Suite 400City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Commission Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 3 | 0 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17946**

Amount of Each Disbursement this Period

803.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6727.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 93

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 0 | 2 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17944**

Amount of Each Disbursement this Period

94.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crosby Ottenhoff GroupMailing Address 611 Pennsylvania Ave
Ste #267City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 0 | 5 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17947**

Amount of Each Disbursement this Period

2175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Design 4 Advertising

Mailing Address 106 N Collins St

City
Plant CityState
FLZip Code
33563Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 7 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17938**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2419.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 93

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Four Star Printing

Mailing Address PO Box 567

City
LovettsvilleState
VAZip Code
20180Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 2 | 9 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17939**

Amount of Each Disbursement this Period

56.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Field Director Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 0 | 7 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17948**

Amount of Each Disbursement this Period

2003.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.Mailing Address 3100 Smoketree Ct.
Suite 900City
RaleighState
NCZip Code
27604Purpose of Disbursement
Field Director Pay

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 8 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17948**

Amount of Each Disbursement this Period

6001.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8061.11

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 93

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City
Raleigh

State
NC

Zip Code
27604

Purpose of Disbursement
Field Director Pay

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 21 / 2020

FEC Identification Number

C

Transaction ID : SB21B.17950

Amount of Each Disbursement this Period

2003.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City
Raleigh

State
NC

Zip Code
27604

Purpose of Disbursement
Field Director Pay

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2020

FEC Identification Number

C

Transaction ID : SB21B.17951

Amount of Each Disbursement this Period

6812.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. i360

Mailing Address P.O. Box 37046

City
Baltimore

State
MD

Zip Code
21297-3046

Purpose of Disbursement
Data Subscription Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 16 / 2020

FEC Identification Number

C

Transaction ID : SB21B.17941

Amount of Each Disbursement this Period

500.01

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9316.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 93

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Jessica, Colon, , ,Mailing Address 3100 Richmond Avenue
Suite 319City
HoustonState
TXZip Code
77098Purpose of Disbursement
Program Consulting Management

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 0 | 1 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17940**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RCH Associates

Mailing Address 143 Martin Lane

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Political Strategy Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 1 | 6 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17935**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Salary / Consulting Pay

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 0 | 1 | | | 2 | 0 | 2 | 0 | | |

FEC Identification Number

C**Transaction ID : SB21B.17942**

Amount of Each Disbursement this Period

12100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

23100.00

TOTAL This Period (last page this line number only).....▶

49624.91

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 OF 93

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 58 OF 93

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 59 OF 93

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

556.60

Transaction ID : SD10.16920

Amount Incurred This Period

0.00

Payment This Period

556.60

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

556.60

Transaction ID : SD10.16921

Amount Incurred This Period

0.00

Payment This Period

556.60

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City

Baltimore

State

MD

Zip Code

21297-3046

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.18017

Amount Incurred This Period

1213.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

1213.56

1) **SUBTOTALS** This Period This Page (optional)..... ►

1213.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 60 OF 93

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

i360Nature of Debt (Purpose):
Dialer Access

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.18018

Amount Incurred This Period

404.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

404.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media BridgeNature of Debt (Purpose):
Estimate digital ads

Mailing Address 11300 Astarita Ave

City
PartlowState
VAZip Code
22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Existing Loan owed to SBAMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12904.52

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 OF 93

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 93

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Expense put on SBA CCMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 OF 93

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tradewinds Consulting, Inc.

Nature of Debt (Purpose):

Printing / Production / Postage

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.17952

Amount Incurred This Period

27157.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

27157.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

27185.05

2) **TOTALS** This Period (last page this line number only)..... ►

66922.12

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

154493.25

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/> | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 06 / 22 / 2020 | | |
| Mailing Address 2012 Stonewater Ct | | | Amount <input type="text" value="1562.50"/> | | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.16984 | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | Category/Type <input type="text" value=""/> | Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 06 / 22 / 2020 | | |
| Name of Federal Candidate: HUNT, WESLEY, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="15954.90"/> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination <input type="text" value="MM / DD / YYYY"/> 06 / 22 / 2020 | | |
| Mailing Address 2012 Stonewater Ct | | | Amount <input type="text" value="1562.50"/> | | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.16985 | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | Category/Type <input type="text" value=""/> | Date of Disbursement or Obligation <input type="text" value="MM / DD / YYYY"/> 06 / 22 / 2020 | | |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought <input type="text" value="17517.40"/> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <input type="text" value="3125.00"/> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <input type="text" value=""/> | | |
| (c) TOTAL Independent Expenditures | | | <input type="text" value=""/> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | [Electronically Filed] | | Date <input type="text" value="MM / DD / YYYY"/> 08 / 26 / 2020 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

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|--|--------------------|--------------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 2012 Stonewater Ct | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1562.50</div> | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.16988 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: ROY, CHIP, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4230.12</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|--------------------|--------------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 2012 Stonewater Ct | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1562.50</div> | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.16989 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: DAVIS, WENDY, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5792.62</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 3125.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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26

2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---------------------------|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 2012 Stonewater Ct | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | | |
| City Hoschton | | State GA | Amount 1562.50 | | |
| Zip Code 30548 | | Transaction ID : SE.16993 | | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | | |
| Name of Federal Candidate: KULKARNI, SRI PRESTON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | | <input checked="" type="checkbox"/> House District: 22 State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 6120.67 | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | | 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 2012 Stonewater Ct | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | | |
| City Hoschton | | State GA | Amount 781.25 | | |
| Zip Code 30548 | | Transaction ID : SE.16996 | | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | | |
| Name of Federal Candidate: NEHLS, TROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | | <input checked="" type="checkbox"/> House District: 22 State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 4749.31 | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 2343.75 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , | | [Electronically Filed] | | Date | |
| Signature | | | | MM / DD / YYYY 08 / 26 / 2020 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div> | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | |
| Mailing Address 2012 Stonewater Ct | | | Amount 781.25 | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.16997 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Category/Type | |
| Name of Federal Candidate: WALL, KATHALEEN, , , | | | <input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought 5530.56 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | |
| Mailing Address 2012 Stonewater Ct | | | Amount 1562.50 | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.17001 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | | Category/Type | |
| Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , , | | | <input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought 3110.46 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 2343.75 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Gross, Jennifer, , , Signature | | | Date MM / DD / YYYY 08 / 26 / 2020 | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on MM / DD / YYYY | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | | |
| Mailing Address 2012 Stonewater Ct | | | Amount 781.25 | | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.17004 | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | | |
| Name of Federal Candidate: OLSON, KIMBERLY D, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 2329.21 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee American Marketing & Publishing, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2020 | | |
| Mailing Address 2012 Stonewater Ct | | | Amount 781.25 | | |
| City Hoschton | State GA | Zip Code 30548 | Transaction ID : SE.17005 | | |
| Purpose of Expenditure Door Hangers. originally reported as estimate on amended Form 24 filed 7/20/20, this is actual | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2020 | | |
| Name of Federal Candidate: VALENZUELA, CANDACE, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 3110.46 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 1562.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , | | [Electronically Filed] | | Date MM / DD / YYYY 08 / 26 / 2020 | |
| Signature | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |

| | | | | |
|--|----------|----------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.04</div> | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.17981 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: NEHLS, TROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2541.48</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | | |
|--|----------|----------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295.04</div> | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.17982 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: WALL, KATHALEEN, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2836.52</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 590.08 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on MM / DD / YYYY | |
| Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020 | | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount 1180.17 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.17985 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | | | |
| Name of Federal Candidate: KULKARNI, SRI PRESTON, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | 3426.62 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020 | | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount 0.00 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.17988 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | | | |
| Name of Federal Candidate: ROY, CHIP, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought | | 404.52 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 1180.17 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | [Electronically Filed] | | Date MM / DD / YYYY 08 / 26 / 2020 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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|--|----------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Transaction ID : SE.17989 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose DAVIS, WENDY, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">404.52</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1606.85</div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Transaction ID : SE.18005 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose HUNT, WESLEY, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7596.91</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1606.85 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

| | | | | |
|--|----------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 01 2020 </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1606.85 </div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | Transaction ID : SE.18006 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 01 2020 </div> | |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 9203.76 | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2020 | |

| | | | | |
|--|----------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 16 2020 </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1462.77 </div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/16/20, this is actual | | Category/Type | Transaction ID : SE.18009 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 16 2020 </div> | |
| Name of Federal Candidate: HUNT, WESLEY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 12929.63 | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2020 | |

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|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 3069.62 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 26 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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| | | | | |
|---|----------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1462.77</div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/16/20, this is actual | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Transaction ID : SE.18010 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">14392.40</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|----------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">107.08</div> | |
| City Raleigh | State NC | Zip Code 27604 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/18/20, this is actual | | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Transaction ID : SE.17999 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: OLSON, KIMBERLY D, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1440.88</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1569.85 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 93
 FOR LINE 24 OF FORM 3X

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|---|-------------|------------------------|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount 107.08 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.18000 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/18/20, this is actual | | | Category/Type | | |
| Name of Federal Candidate: VALENZUELA, CANDACE, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 1547.96 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Headway Workforce Solutions Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Mailing Address 3100 Smoketree Ct. Suite 900 | | | Amount 214.15 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SE.18003 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Purpose of Expenditure Canvassing, originally reported as estimate on Form 24 filed 6/18/20, this is actual | | | Category/Type | | |
| Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 1547.96 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 321.23 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2020 | |
| Signature | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 93
 FOR LINE 24 OF FORM 3X

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|---|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on MM / DD / YYYY | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020 | | |
| City Baltimore | State MD | Zip Code 21297-3046 | Amount 202.26 | | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | Transaction ID : SE.17015 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020 | | |
| Name of Federal Candidate: HUNT, WESLEY, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 5787.80 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020 | | |
| City Baltimore | State MD | Zip Code 21297-3046 | Amount 202.26 | | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | Transaction ID : SE.17016 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020 | | |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 5990.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 0.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | [Electronically Filed] | | Date MM / DD / YYYY 08 / 26 / 2020 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|--|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 | | |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 202.26 |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type | | Transaction ID : SE.17028 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 |
| Name of Federal Candidate: KULKARNI, SRI PRESTON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 2246.45 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 | | |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 202.26 |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type | | Transaction ID : SE.17037 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 |
| Name of Federal Candidate: ROY, CHIP, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 202.26 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | | [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2020 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|--|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 | | |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 202.26 |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type | | Transaction ID : SE.17038 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 |
| Name of Federal Candidate: DAVIS, WENDY, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | 404.52 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 | | |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 101.13 |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type | | Transaction ID : SE.17049 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2020 |
| Name of Federal Candidate: NEHLS, TROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>22</u> State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | 2145.31 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2020 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | | |
|---|--|--------------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| Mailing Address P.O. Box 37046 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">101.13</div> | | Transaction ID : SE.17050 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| City Baltimore | | State MD | | Zip Code 21297-3046 | | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| Name of Federal Candidate: WALL, KATHALEEN, , , | | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2246.44</div> | | |
| Office Sought: | | | | <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Disbursement For: | | | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee i360 | | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| Mailing Address P.O. Box 37046 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278.30</div> | | Transaction ID : SE.17929 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| City Baltimore | | State MD | | Zip Code 21297-3046 | | |
| Purpose of Expenditure Debt Repymnt:Dialer Acc orig. reprtd. as est. includ. in agg. on Form 24 fld 5/15/20, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px;"></div> | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> | |
| Name of Federal Candidate: HUNT, WESLEY, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">11466.86</div> | | |
| Office Sought: | | | | <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Disbursement For: | | | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">278.30</div> </div> </div> | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div> | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div> | | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | |
| Gross, Jennifer, , , Signature | | | | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">[Electronically Filed]</div> <div style="margin-right: 10px;">Date</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> </div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|--|--------------------|--|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> | |
| Full Name of Payee i360 | | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination |
| Mailing Address P.O. Box 37046 | | | | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 278.30 |
| Purpose of Expenditure Debt Repymnt:Dialer Acc orig. reprd. as est. includ. in agg. on Form 24 fld 5/15/20, this is actual | | | Category/Type | | Transaction ID : SE.17931 Date of Disbursement or Obligation |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | | 11466.86 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee i360 | | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination |
| Mailing Address P.O. Box 37046 | | | | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> |
| City Baltimore | | State MD | Zip Code 21297-3046 | | Amount 139.15 |
| Purpose of Expenditure Debt Repayment: Dialer Access, originally reported as estimate of \$187.50, this is actual | | | Category/Type | | Transaction ID : SE.17932 Date of Disbursement or Obligation |
| Name of Federal Candidate: NEHLS, TROY, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | | 3968.06 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | 417.45 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | | [Electronically Filed] | | Date |
| | | | | | <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> | |

| | | | | | | |
|--|-------------|------------------------|--|--|---|--|
| Full Name of Payee i360 | | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 21 / 2020 | |
| Mailing Address P.O. Box 37046 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">139.15</div> | | Transaction ID : SE.17933 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 16 / 2020 | |
| City Baltimore | State MD | Zip Code 21297-3046 | | | | |
| Purpose of Expenditure Debt Repayment: Dialer Access, originally reported as estimate of \$187.50, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | |
| Name of Federal Candidate: WALL, KATHALEEN, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3968.06</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | | | | |
|--|-------------|------------------------|--|--|---|--|
| Full Name of Payee i360 | | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 21 / 2020 | |
| Mailing Address P.O. Box 37046 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">278.30</div> | | Transaction ID : SE.17934 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 16 / 2020 | |
| City Baltimore | State MD | Zip Code 21297-3046 | | | | |
| Purpose of Expenditure Debt Repayment: Dialer Access, originally reported as estimate of \$187.50, this is actual | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | |
| Name of Federal Candidate: KULKARNI, SRI PRESTON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">4558.17</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">417.45</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY

08 / 26 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| | | | | | |
|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| City Baltimore | State MD | Zip Code 21297-3046 | Amount 101.13 | | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | Transaction ID : SE.17068 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Name of Federal Candidate: OLSON, KIMBERLY D, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>24</u> State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 1232.67 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee i360 | | | <input checked="" type="checkbox"/> Memo Item | | |
| Mailing Address P.O. Box 37046 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| City Baltimore | State MD | Zip Code 21297-3046 | Amount 101.13 | | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | Category/Type | Transaction ID : SE.17069 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | | |
| Name of Federal Candidate: VALENZUELA, CANDACE, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>24</u> State: <u>TX</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 1333.80 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 0.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2020 | |
| Signature | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|-------------|------------------------|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee i360 <input checked="" type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | |
| Mailing Address P.O. Box 37046 | | | Amount 202.26 | |
| City Baltimore | State MD | Zip Code 21297-3046 | Transaction ID : SE.17078 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2020 | |
| Purpose of Expenditure Dialer Access, originally reported as estimate on Form 24 filed 6/3/20, this is actual | | | Category/Type | |
| Name of Federal Candidate: VAN DUYN, ELIZABETH ANN, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 24 State: TX | |
| Calendar Year-To-Date Per Election for Office Sought 1333.81 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Tradewinds Consulting, Inc. <input checked="" type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 | |
| Mailing Address 21850 Inglewood Ct. | | | Amount 1131.55 | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17876 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form 24 filed 7/20/20, this is actual | | | Category/Type | |
| Name of Federal Candidate: DAINES, STEVE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: MT | |
| Calendar Year-To-Date Per Election for Office Sought 1131.55 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Gross, Jennifer, , , Signature | | | Date M M / D D / Y Y Y Y Y Y 08 / 26 / 2020 | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | | | | | | | |
|--|--|----------|----------|---------|----|-------|---|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 </div> | | | | | | |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 1131.55 </div> | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ashburn</td> <td>VA</td> <td>20148</td> </tr> </table> | City | State | Zip Code | Ashburn | VA | 20148 | Transaction ID : SE.17877 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 </div> |
| City | State | Zip Code | | | | | |
| Ashburn | VA | 20148 | | | | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | Category/Type | | | | | | |
| Name of Federal Candidate: BULLOCK, STEVE, , , | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 2263.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | | | | | | |
|--|--|----------|----------|---------|----|-------|---|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 </div> | | | | | | |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 1131.55 </div> | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ashburn</td> <td>VA</td> <td>20148</td> </tr> </table> | City | State | Zip Code | Ashburn | VA | 20148 | Transaction ID : SE.17882 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 06 / 09 / 2020 </div> |
| City | State | Zip Code | | | | | |
| Ashburn | VA | 20148 | | | | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | Category/Type | | | | | | |
| Name of Federal Candidate: MCSALLY, MARTHA, , , | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u> | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 1131.55 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | |

| | | |
|--|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | M M / D D / Y Y Y Y Y Y 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | M M / D D / Y Y Y Y Y Y |
| (c) TOTAL Independent Expenditures | ▶ | M M / D D / Y Y Y Y Y Y |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
08 / 26 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
|---|---|

 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

| | | | |
|--|-------------|--|--|
| Full Name of Payee Tradewinds Consulting, Inc. <input checked="" type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 21850 Inglewood Ct. | | | Amount <input type="text"/> 1131.55 Transaction ID : SE.17883 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Ashburn | State VA | Zip Code 20148 | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type <input type="text"/> | |
| Name of Federal Candidate: KELLY, MARK, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> 2263.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|-------------|--|--|
| Full Name of Payee Tradewinds Consulting, Inc. <input checked="" type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 21850 Inglewood Ct. | | | Amount <input type="text"/> 1131.55 Transaction ID : SE.17886 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Ashburn | State VA | Zip Code 20148 | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type <input type="text"/> | |
| Name of Federal Candidate: HUNT, WESLEY, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="text"/> 10335.31 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input type="text"/> |
| (c) TOTAL Independent Expenditures | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 08 / 26 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> | |

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 09 / 2020 | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17887 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 09 / 2020 | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: FLETCHER, ELIZABETH, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11466.86</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-------------|-------------------|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 09 / 2020 | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17890 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 06 / 09 / 2020 | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: KULKARNI, SRI PRESTON, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4558.17</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , , [Electronically Filed]

Signature _____ Date

MM / DD / YYYY

08 / 26 / 2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 86 OF 93
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">565.77</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17892 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | |
| Name of Federal Candidate: NEHLS, TROY, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3402.29</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">565.77</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17893 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | |
| Name of Federal Candidate: WALL, KATHALEEN, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3968.06</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 93
 FOR LINE 24 OF FORM 3X

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|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17896 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | |
| Name of Federal Candidate: ROY, CHIP, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1536.07</div> | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2020 | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17897 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | |
| Name of Federal Candidate: DAVIS, WENDY, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2667.62</div> | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2020 | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 88 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | Transaction ID : SE.17901 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: TILLIS, THOM R. SEN., , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | Transaction ID : SE.17902 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: CUNNINGHAM, CAL., , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2263.10</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | |
|---|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY | |

| | | | | | | | |
|---|---|-------|----------|----------|---------|----|-------|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 06 / 09 / 2020 </div> | | | | | | |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 1131.55 </div> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Ashburn</td> <td>VA</td> <td>20148</td> </tr> </table> | | City | State | Zip Code | Ashburn | VA | 20148 |
| City | | State | Zip Code | | | | |
| Ashburn | VA | 20148 | | | | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | | | | | |
| Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , , | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 1131.55 </div> | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | | | | |

| | | | | | | | |
|---|---|-------|----------|----------|---------|----|-------|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 06 / 09 / 2020 </div> | | | | | | |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 565.77 </div> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Ashburn</td> <td>VA</td> <td>20148</td> </tr> </table> | | City | State | Zip Code | Ashburn | VA | 20148 |
| City | | State | Zip Code | | | | |
| Ashburn | VA | 20148 | | | | | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | | | | | |
| Name of Federal Candidate: OLSON, KIMBERLY D, , , | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 565.77 </div> | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | | | | | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY 0.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 26 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> | |

| | |
|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">565.77</div> |
| City Ashburn State VA Zip Code 20148 | Transaction ID : SE.17908 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose VALENZUELA, CANDACE, , , | Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1131.54</div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 21850 Inglewood Ct. | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1131.55</div> |
| City Ashburn State VA Zip Code 20148 | Transaction ID : SE.17911 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div> |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose COLLINS, GENEVIEVE D, , , | Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1131.55</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 93
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> | |
| Full Name of Payee Tradewinds Consulting, Inc. | | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> |
| Mailing Address 21850 Inglewood Ct. | | | Amount <input style="width: 20px; border: 1px solid black;" type="text" value="06"/> <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2020"/> | | Transaction ID : SE.17913 |
| City Ashburn | | State VA | Zip Code 20148 | Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <input type="text" value=""/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate: ALLRED, COLIN, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 32 State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | | <input style="width: 100px; border: 1px solid black;" type="text" value="2263.10"/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee Tradewinds Consulting, Inc. | | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> |
| Mailing Address 21850 Inglewood Ct. | | | Amount <input style="width: 20px; border: 1px solid black;" type="text" value="06"/> <input style="width: 20px; border: 1px solid black;" type="text" value="09"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="2020"/> | | Transaction ID : SE.17919 |
| City Ashburn | | State VA | Zip Code 20148 | Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <input type="text" value=""/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate: JAMES, JOHN, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MI State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | | <input style="width: 100px; border: 1px solid black;" type="text" value="1131.55"/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | <input style="width: 100px; border: 1px solid black;" type="text" value="0.00"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | | <input style="width: 100px; border: 1px solid black;" type="text" value=""/> |
| (c) TOTAL Independent Expenditures | | | | | <input style="width: 100px; border: 1px solid black;" type="text" value=""/> |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Gross, Jennifer, , , Signature | | | [Electronically Filed] | | Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1131.55</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17920 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type | <div style="border: 1px solid black; height: 20px; width: 100px;"></div> | |
| Name of Federal Candidate: PETERS, GARY, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">2263.10</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2263.10</div> | |

| | | | | |
|---|-------------|-------------------|---|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3394.64</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17923 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | Category/ Type | <div style="border: 1px solid black; height: 20px; width: 100px;"></div> | |
| Name of Federal Candidate: TRUMP, DONALD J., , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">16739.04</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">16739.04</div> | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 93
 FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|--------------------|--------------------------|--|--|
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item Tradewinds Consulting, Inc. | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 21850 Inglewood Ct. | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3394.64</div> | |
| City Ashburn | State VA | Zip Code 20148 | Transaction ID : SE.17924 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Printing / Production / Postage, orig. rptd. as est. on amend. Form24 filed 7/20/20, this is actual | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | |

| | | | | |
|--|--|---|---|--|
| Name of Federal Candidate: BIDEN, JOSEPH R JR, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">20133.68</div> | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | 2020 | | |

| | | | | |
|--|-------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Support <input type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | 2020 | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">21951.00</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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08

26

2020

Signature